

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019752

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

286

Primary Registration District No.

5879

Registrar's No.

6

STATE FILE NUMBER

FILED JUN 8 1962

## 1. PLACE OF DEATH

a. COUNTY

OSAGE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

BENTON TWP

Length of stay in 1b

72 Yrs

c. CITY  
OR  
TOWN

CHAMOIS

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

WIKING ON FARM

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

LAWRENCE

Middle

LAFETTE

Last

PAULIN

4. DATE  
OF  
DEATH

Month

JUNE

Day

4th,

Year

1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4-19-18909. AGE (last birthday)  
72IF UNDER 1 YEAR  
Months 1 Days 15IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad11. BIRTHPLACE (City and state or country)  
OSAGE COUNTY MISSOURI12. CITIZEN OF WHAT COUNTRY  
U S A

13a. FATHER'S NAME

JOHN PAULIN

13b. MOTHER'S MAIDEN NAME

MARY SCHUMAKER

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. ANNA SMITH . CHAMOIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

Inst

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6:00

P

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Box M, Linn, Mo.

22c. DATE SIGNED

6-5-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 7-1962

23c. NAME OF CEMETERY OR CREMATORY

Chamois Catholic

23d. LOCATION (City, town, or county)

CHAMOIS, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Stanley Meyer

Chamois Mo

June 6-1962

Josephine Scheider

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0760

2 0760

3 2

4 0

5 0

6

7 0

8 0

9 420.1

10

11

12 90-3

13 1-0

JUN 19 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley E. Dwyer  
Licensed Embalmer No. 4639

P. O. Address Chenault, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.